# Claim Form VAT pre-paid on Returned Goods



PLEASE COMPLETE USING BLOCK CAPITALS Our reference number:			
CUSTOMER DETAILS			
Title (Mr, Mrs, Miss, Ms.)	Full name		Company
Address			
			Postcode
Tel. (home)	Tel. (work)	E-mail	
POSTING DETAILS (The address of the initial recipient of the goods)			
Title (Mr, Mrs, Miss, Ms.)	Full name		Company
Address			
			Postcode
Please describe the goods sent and returned			
			Cost Price
Where were the goods posted? Please specify which branch.			
Date of posting			Cost of Posting
Amount of VAT that was pre-paid			

# TERMS AND CONDITIONS

AMOUNT OF CLAIM £

To enable us to process this VAT refund for you, we will require proof of the amount of VAT that was paid and also the packaging to show evidence that this item has been returned. Without this information, no refund can be issued.

### DECLARATION

I declare that, to the best of my knowledge, the information I have provided above is true and correct.

Signature Date

For further details, please contact Customer Services on 01481 711720

### **Privacy Promise**

Please be assured that we will treat your personal information with the utmost care and will never sell it to other companies or use it other than as stated in our privacy promise. The personal information you provide us is used primarily to deal with your enquiries or provide the service and products you request. You can find further details of our privacy promise at www.guernseypost.com/data-protection-policy

## **Guernsey Post Limited**

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